MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET  10/574.9/9							
(FOR USE WITH FORM PTO-875)							
CLAIMS							
AS FILED IND, DEP.	AFTER	AFTER IMANEKBAEKT		AS FIL		FTER	AFTER MAINDHANT
1	IND. DEP.	IND. DEP.	51	IND. I	DEP. IND.	DEP.	IND. DEP.
3 /2			52				
4 / /			53				
6 1 CD			55				
7 8 / D			57				·
9 7			58				
11			60		+		
13			62				
14			64				
16			65		1		
18			68				
20			70				
22	+		71				+
24			72		-	- -	
25 16			74				
27			76				
29	+		78				
30			79 80			1	
32			81	1		1	
34			83				
35 36			84			1	
37 38			86 87				
39			88				
41			90				
43			91.				
41 45			93				
46		<b>-</b>	95.				-
47		I L	96 97	-			
49			98				
TOTAL	4		100				-
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